Under the Page	erwork Reductio	n Act of 1995.	no person	ns are required to resor	and to a col				PTO/SB/21 (09-04) rough 07/31/2005 OMB 0651-031 B. DEPARTMENT OF COMMERCE solers a valid OMB control number
				Application Numb	xer	10/646,336			
TR	ANSMIT	TAL		Filing Date		August 22,	2003		
	FORM			First Named Inve	ntor	Kathryn E.	Utrich		
				Art Unit		1618			
				Examiner Name		Blossing M.	Futore		
(to be used for a			2000)	Attorney Docket	Number	01435.0214	JS2		
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Signature		Um	1						
Printed name	Peter L. Mail	n VIV							
Date	December 1	5, 2006				Reg. No.	44,894		
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I hereby certify the sufficient postage the date shown b	nat this comes; e as first class selow.	mail in an e	being fac	simile transmitted to pressed to: Comm	the USP sissioner f	TO or depor or Patents,	P.O. Box	the Un 1450,	ited States Postal Service with Alexandria, VA 22313-1450 on
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This collection of information is required by 37 CFR 1.5. The information is required to distinct or referr is benefit by the policy which is to the jove by the policy of the policy of

PATENT S/N 10/646,336

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Kathryn F., Uhrich Examiner: Blessing M. Fubara Applicant: 1618 Group Art Unit: Serial No : 10/646 336

01435.021US2 Docket Filed: August 22, 2003 THERAPEUTIC POLYANHYDRIDE COMPOUNDS FOR DRUG DELIVERY Title:

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In compliance with 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 et. seq., the enclosed materials are brought to the attention of the Examiner for consideration in connection with the aboveidentified patent application. Applicant respectfully requests that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to MPEP 609, Applicant requests that a copy of the Form 1449, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

An Information Disclosure Statement filing fee of \$180.00 is submitted herewith. The Commissioner is hereby authorized to charge any other required fees to Deposit Account No. 503503 in order to have this Information Disclosure Statement considered. The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

> Respectfully submitted. Kathryn E. Uhrich By her Representatives, Viksnins Harris & Padys PLLP P.O. Box 111098 St. Paul, MN 5511

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Date December 15,200

Peter L I Reg. No. 44,894

deposited with the United States Postal Service with CERTIFICATE, I hereby certify that this correspondence is being transmitted to the USPTO pe for Patents, P.O. Box 1450, Alexandria, VA sufficient postage as first class mail in an envelope addressed to: Mail Stop As 22312-1450, on this 15, day of December, 2006.

Complete if Known			
Application Number	10/646,336		
Filing Date	August 22, 2003		
First Named Inventor	Kathryn E. Uhrich		
Group Art Unit	1618		
Examiner Name	Blessing M. Fubara		
	Application Number Filing Date First Named Inventor Group Art Unit		

Examiner Initials *	US Document Number	Publication Date	Name of Patentee/Applicant of Document		
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t		WO 91/18940	December 12, 1991	

	OTHER DOCUMENTS - NON PATENT LITERATURE A STATE OF THE SOURCE
Examiner Initials*	Include last name of the first author (in CAPITAL letters), "Title of the Article", <u>Title of the Source</u> (book, magazine, journal, serial, symposium, catalog, etc.), <u>Volume-Number</u> , page(s) and (date).

EXAMINER DATE CONSIDERED